Department of Public Safety

Stephan K. Bayens Commissioner

AFFIDAVIT OF WORK HOURS TO BE REQUIRED FOR SPONSORSHIP OF JOURNEYMAN EXAM (RESIDENTIAL ELECTRICIAN AND RESIDENTIAL MASTER ELECTRICIAN)

	of		,
(Print Name of Licensee)	(Full address	s, Including City, State, Zip)	
currently hold a Residential Electrician lic	cense or Residential Master	Electrician license issued by	the
Board; have completed 4,000 hours of we	ork on commercial or indus	trial electrical installations wh	ile
licensed by the Board and my hours can	be verified by a master elec	ctrician licensed by the Board	l. The
4,000 hours of work included the followin	g minimum number of hour	s in the categories indicated:	100
hours of preliminary work, 500 hours of re	ough-in work, 500 hours of	finish work, 500 hours of light	ting and
service work, 100 hours of troubleshooting	ng, and 100 hours of motor	control work.	
I attest that the above information is true an or misleading information to the Electrical E electrician license per Iowa Code § 103.35.			
Signature of Licensee	Current License #	Date	
I hereby verify that the licensee named aborsit for the Journeyman Exam. I realize that Board could be grounds for suspension or re	submitting false or misleadin	g information to the Electrical E	
Signature of Iowa Master Electrician	Current License #	Date	

ELECTRICAL EXAMINING BOARD • 215 EAST 7TH STREET • DES MOINES, IOWA 50319 • Phone (515) 725-6147 • Fax (515) 725-6151

http://iowaelectrical.gov